

Goshen Family Chiropractic

New Patient Health History Form

Today's Date _____

Personal Data

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Email Address: _____

Occupation: _____ Employer: _____

Marital Status: S M D W Spouse/Partner's Name: _____

Number of Children (if applicable): _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____

Phone: _____

Reason for Seeking Chiropractic Care

What concerns do you feel Goshen Family Chiropractic can address for you?

Health Care History

Have you ever received care from a chiropractor before? Y N

If yes, who was your chiropractor? _____

Have you consulted or do you regularly consult any of the types of providers below? (*check all that apply*)

- | | | |
|--------------------------------------------|------------------------------------|------------------------------------------|
| <input type="checkbox"/> Medical Physician | <input type="checkbox"/> Homeopath | <input type="checkbox"/> Psychotherapist |
| <input type="checkbox"/> Naturopath | <input type="checkbox"/> Massage | <input type="checkbox"/> Energy Healer |
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Therapist | <input type="checkbox"/> Dentist |

Reason: _____

For Women: Are you currently pregnant? Y N

If x-rays are recommended, your signature is required (below) to verify that you are **Not** pregnant.

Signature: _____ Date: _____

If pregnant, what is your due date? _____

The primary system in the body which coordinates health is the **nerve system**. The vertebrae, bones of the spinal column, surround and protect the delicate nerve system.

Injury to the spine and nerve system is a condition called **vertebral subluxation**. Vertebral subluxation results in nerve malfunction due to vertebral/spinal misalignment. Vertebral subluxations can have physical, emotional and chemical causes and effects.

The information below will help us to see the types of **PHYSICAL, EMOTIONAL** and **CHEMICAL** stresses you have been subjected to in your life and how they may be related to your present spinal, nerve and health status and whether they may have caused vertebral subluxations to occur.

Physical:

Nature of injury: Auto Work Abuse Playground/Sport Birth
Trauma

If auto accident, please provide insurance company

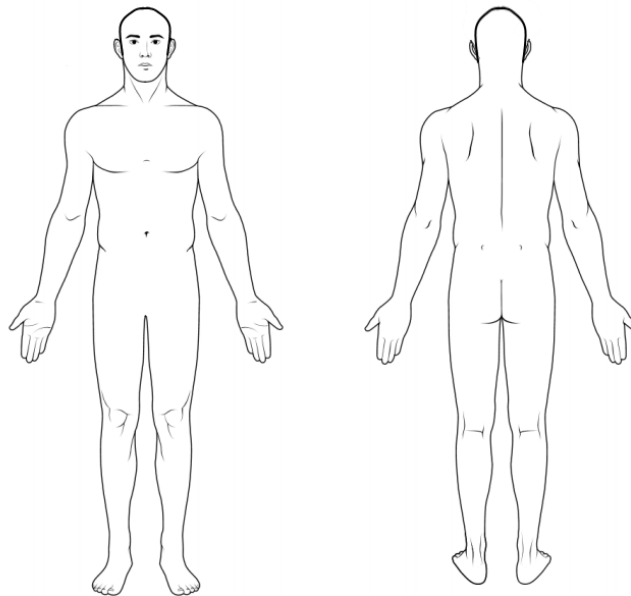
_____ claim # _____

Date of injury: _____ Date symptoms appeared: _____

Have you had this condition before? Y N If yes, when? _____

List other practitioners seen for this injury/ condition:

Please **circle** the areas of your body where you feel discomfort currently.



Have you ever hurt, broken, fractured, sprained, injured or felt pain in any bones or joints (spine, head, neck, ribs, chest, upper or lower back, pelvis or hips, legs or arms)? Y N

If yes, please list body parts injured and dates of injuries:

Have you ever been hospitalized or had surgery? Y N

If yes, state reason and dates: _____

Emotional: Please indicate if you have ever or are experiencing any of the emotional stresses below.

Childhood Trauma Loss of Loved One Abuse

Work/School Divorce/Separation Financial

Lifestyle Change Parent's divorce Illness

Chemical:

Have you been exposed to any of the following on a regular basis (either in the past or presently)?

- Toxic chemicals
- Radiation
- Second hand smoke
- Chemotherapy
- Drug therapy
- Other

Do you have allergies or sensitivities to any foods? Y N

If yes, please list: _____

Do you presently consume any of the following?

- Coffee/caffeine
- Alcohol
- Tobacco
- Over the counter drugs
- Prescribed drug

Please list all medications/ supplements (prescribed and over the counter):

Quality of Life (Presently) (circle)

How do you grade your physical health? Good Fair Poor

How do you grade your emotional/mental health? Good Fair Poor

How do you rate your overall "quality of life"? Good Fair Poor